

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Committee to Re-Elect Loretta Sanchez**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Michelle Lujan Grisham**

Mailing Address 2015 Dietz Pl NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

City	State	Zip Code
Albuquerque	NM	87107-3240

Amount of Each Disbursement this Period

1000.00
---------

**Transaction ID : D645430**Purpose of Disbursement  
Contribution

Candidate Name

**MICHELLE GRISHAM**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NM District: 01

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrow**

Mailing Address PO Box 1001

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

City	State	Zip Code
Augusta	GA	30903-1001

Amount of Each Disbursement this Period

1000.00
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**Transaction ID : D645429**Purpose of Disbursement  
Contribution

Candidate Name

**JOHN J. BARROW**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: GA District: 12

Full Name (Last, First, Middle Initial)

**C. Friends of Lois Capps**

Mailing Address PO Box 23940

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

City	State	Zip Code
Santa Barbara	CA	93121-3940

Amount of Each Disbursement this Period

1000.00
---------

**Transaction ID : D645432**Purpose of Disbursement  
Contribution

Candidate Name

**LOIS CAPPS**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: CA District: 24

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00